

ROLE OF PRADHAMAN NASYA FOLLOWED BY ANU TAIL NASYA IN THE MANAGEMENT OF DUSHTA PRATISHYAYA W.S.R. CHRONIC SINUSITIS

Patil Ashwini A.

Dept. of Shalakyatantra Dr. D. Y. Patil College of Ayurved and Research Institute
Nerul Navi Mumbai

ABSTRACT

Dushta Pratishyaya is the chronic stage of *Pratishyaya*, which occurs due to neglect or improper management of the disease *Pratishyaya*. *Dushta Pratishyaya* can be correlated with chronic sinusitis on the basis of the signs, symptoms, complications, and prognosis. Because of pollution, increased use of air conditions, over stressed, sedentary life style, and resistance to antibiotics incidence of chronic sinusitis is increased. It is need of hour to overcome this condition so that the patient should live normal routine life. A lot of treatment modalities are also explained by ancient *acharyas* for this disease, according to condition of patient and progression of disease. *Dushta Pratishyaya chikitsa* includes *snehana, swedana, vamana, dhuma gandusha, nasya*. *Dushta pratishyaya* is a *urdhwa jatrugata roga Nasya karma* is an effective treatment for *Dushta pratishyaya*. So the present study is under taken to evaluate the efficacy of *Nasya karma* in *Dushta Pratishyaya*. In the present clinical study 34 patients were given *Pradhama Nasya* with *Shinkani* for 3 days followed by *Anu Tail Nasya* for 5 days.

The statistical analysis revealed significant improvement in subjective parameters like Blocking of nose, Discharge through nose, Headache, and Tenderness at sinus.

Keywords: *Dushta Pratishyaya*, chronic sinusitis, *Pradhama Nasya*, *Anu tail Nasya*

INTRODUCTION

Acharya Sushruta, while dealing with the diseases of the nose, devoted a separate chapter to *Pratishyaya* after explaining *Nasagata Roga* in detail. This fact itself shows that *Pratishyaya* has been a major problem since ancient times. *Dushta Pratishyaya* has not been mentioned as a separate disease but, rather, is considered to be the complication of different types of *Pratishyaya*. As *Dushta Pratishyaya* is a serious and complicated condition, it is very difficult to treat. It can cause many

complications, such as *Badhira, Andhata*, Severe eye diseases, cough, and diseases of *Ghrana & nasa*, etc.

In general, the features of the disease *Dushta Pratishyaya* are similar to that of chronic sinusitis in modern science. Both these diseases are characterized by nasal blockage, nasal discharge, headache, anosmia, heaviness in the head, etc.

Sinusitis (or rhinosinusitis) is defined as an inflammation of the mucous membrane that lines the paranasal sinuses. It is classified as:

- Acute rhinosinusitis — a new infection that may last up to four weeks and can be subdivided symptomatically into severe and non-severe;
- Recurrent acute rhinosinusitis — four or more separate episodes of acute sinusitis that occur within one year.
- Subacute rhinosinusitis — an infection that lasts between four and 12 weeks, and represents a transition between acute and chronic infection.
- Chronic rhinosinusitis — when the signs and symptoms last for more than 12 weeks.
- Acute exacerbation of chronic rhinosinusitis — when the signs and symptoms of chronic rhinosinusitis exacerbate, but return to baseline after treatment.

Because of pollution, increased use of air conditions, over stressed, sedentary life style, and resistance to antibiotics increased incidence of rhinitis, sinusitis leading to chronic sinusitis. Once the sinuses are infected, improper management and poor dietary habits can lead the disease into a chronic phase. This chronic sinusitis is too difficult to drain out completely. It remains as a focus of infection, leading to inflammation in all associated structures, e.g., the tonsils, ear, pharynx, larynx etc. Ultimately, it may lead to complications such as otitis media, orbital cellulitis, osteomyelitis, etc. In modern medical science, a wide range of antibiotics and decongestants are available for the treatment of sinusitis. But these drugs can help only in the initial stage. Once pus collection forms in the sinuses and is not drained spontaneously, only surgical intervention can help. After drainage of the sinuses,

antibiotics can help. FESS (functional endoscopic sinus surgery), Caldwell-Luc operation, etc., are the chief operative procedures to drain the sinus if conservative measures fail. These surgical procedures are associated with many complications, including bleeding, oro-antral fistula, infraorbital anaesthesia, neuralgia, and paraesthesia. The modern treatment modalities for chronic sinusitis are also expensive and not free from side effects. Also, frequent use of antibiotics leads to the gradual development of drug resistance. Roughly ninety percent of adults have had sinusitis at some point in their life.

For *Dushta Pratishyaya* the *chikitsa* includes *snehana*, *swedana*, *vamana*, *dhuma gandusha*, and *nasya*. In *urdhwa jatrugata roga Nasya karma* is an effective treatment for *Dushta pratishyaya*. So the present study is taken to evaluate the efficiency of *Pradhaman Nasya karma* in *Dushta Pratishyaya*.

Nasya is the chief procedure to drain *Doshas* from *Urdhvajatru*. As *Dushta Pratishyaya* is chronic stage of the *Pratishyaya* and *Kapha Dosha* is predominant in this condition. *Pradhamana Nasya* was selected as the chief Shodhana procedure in this study.

AIMS AND OBJECTIVES

1. To assess the combined effect of *Pradhamana Nasya* and *Anu tail Nasya* in *Dushta Pratishyaya*.
2. To assess the role of etiological factors and *pathya apathya* of *Dushta Pratishyaya* as described in Ayurved in the study patients.

MATERIALS AND METHODS

Subjects for the study were selected among the patients attending the OPD/IPD of the Department of *Shalakyas*. A special

proforma was prepared for the assessment of patients of *Dushta Prathishyaya* before and after treatment.

INCLUSION CRITERIA

- Patients having signs and symptoms of *Dushta Pratishtyaya* (chronic sinusitis).
- Regular patients.
- Age group- 20 – 50yrs

EXCLUSION CRITERIA

- Below age 20yrs and above 50 yrs
- K/c – Hypertension
- K/c – Diabetes mellitus
- chronic debilitating infectious disease
- Surgical diseases e.g. DNS , Polyp

INVESTIGATIONS-

X-ray PNS Waters view before starting the treatment.

Selection of Drug-

- *Pradhama nasya* with *Shinkani* for first 3 days followed by *Anu Tail nasya* 8 drops each nostril next 5 days.
- Tab. *Laxmivilas ras* 250 mg 2bd with luke warm water. For 7 days [*Shinkani* contains- *karpur* (Cinamomum Camphora), *chandana* (santalum Album), *sukshma ela* (Eletlaria cardomomum), *pudina* (Mentha Spicata), *keshar* (crocuss atirus), *tailparni* (Eucalyptus globules).]

The main treatment for accumulated *Doshas* in *Dushta Pratishtyaya* is *Shodhana Nasya*. Hence, *Pradhama Nasya*, which is the best among all the *Shodhana Nasya*, was selected for this study. *Acharya Charaka* has advised *Pradhama Nasya* in the context of *Pratishtyaya Chikitsa*. *Karpur – jantughna, lekhaniya, (tikta, katu, madhur-katu-sheet) helps in kapha vilayan & kapha nirharan*

Chandana – jantughna & reduces kapha durghandhi.

Sookshma ela- tridoshagna used in shwas & kasa

Pudina – (laghu, ruksha, tikshna)- kaphanissarak

Keshar & Tailparni – katu tikta –katu – ushna

All these properties of help to remove the pathology and promote local immunity. For *Abhyanga* in *Purva Karma* of *Nasya*, *Til Taila* was selected which is described by *Acharya Sushruta* in the context of *Shwasaroga Chikitsa*. *Tila Taila* have *Snigdha Guna* and *Tridoshashamaka* properties. also has *Sukshmasrotogami* properties by which it reaches the minute channels. Hence, *Til Taila* was selected for *Abhyanga* as the *Purvakarma* of *Pradhama Nasya* in the present study. *Swedana Karma* (which is also done in *Purva Karma*) causes liquification of the accumulated *Doshas* especially vitiated *Kapha*.

Anu tail is proven as line of treatment in *Nasaroga*.

To assess the improvement in symptoms of *Dushtapratishtyaya* (sinusitis) were graded in 4 gradations on the basis of severity and duration.

Grade –

- 0 No symptom
- 1 Mild
- 2 Moderate
- 3 Severe

CRITERIA FOR ASSESSMENT- The assessment was done by evaluating the changes in the signs and symptoms after treatment with the help of a suitable scoring method by giving score in the range 0 to 3.

Subjective criteria-

Nasal obstruction (blocking of nose)

Grade 0-No obstruction

Grade 1-Inhalation and exhalation with effort with feeling of mild obstruction

Grade 2 -Inhalation and exhalation with effort with feeling of moderate obstruction & inhalation and exhalation to be supplemented with mouth Breathing.

Grade 3-Complete blockage with total mouth breathing.

Discharge through Nose- Grade0-Absent

Grade 1-Occasional scanty discharge

Grade 2 – Intermittently mucoid discharge

Grade 3-Continuous mucopurulent nasal discharge

Headache – Grade 0-No headache

Grade1-Occasional headache not interference with daily activity

Grade 2 -Intermittent headache and some interference with daily activity

Grade 3-Contineous headache

Tenderness at Sinus- Grade 0-No tenderness

Grade1-Present but no interference with daily activity unchanged.

Grade 2 – Present and some interference with daily activity

Grade 3-Present with incapacitation.

Investigational assessment- for assessing the disease X- ray PNS Waters View was evaluated before and after treatment.

ASSESSMENT OF EFFECT OF THERAPY- The effect of the therapy was assessed in terms of cured, markedly improved, improved and unchanged. The details are as follows-

1 Cured- 100% relief from signs & symptoms was considered as totally cured.

2 Markedly improved- 50% to 100% relief from signs & symptoms was considered as markedly improved.

3 Improved- 25% to 50% relief from signs & symptoms was considered as markedly improved.

4 Unchanged- Less than 25% or no relief from signs and symptoms was considered as

STATISTICAL ANALYSIS

Table 1

SIGNS & SYMPTOMS	Me an	S D	S E	Z CA L	Z TA B	REMARK
BLOCKING OF NOSE	1.06	0.69	0.12	8.83	1.96	HIGHLY SIGNIFICANT AT 5% LEVEL OF SIGNIFICANCE
DISCHARGE THROUGH NOSE	1.5	0.5	0.09	16.67	1.96	HIGHLY SIGNIFICANT AT 5% LEVEL OF SIGNIFICANCE
HEADACHE	0.76	0.61	0.1	7.6	1.96	HIGHLY SIGNIFICANT AT 5% LEVEL OF SIGNIFICANCE
TENDERNESS AT SINUS	0.74	0.61	0.1	7.4	1.96	HIGHLY SIGNIFICANT AT 5% LEVEL OF SIGNIFICANCE

Table 2

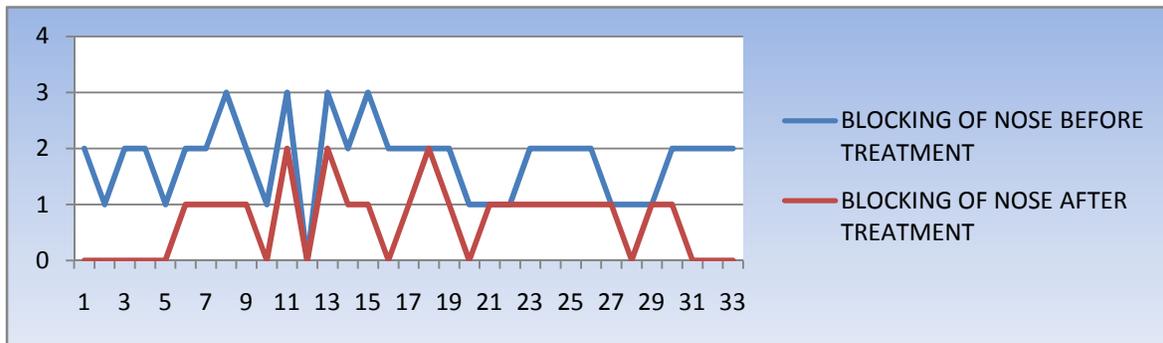


Table 3

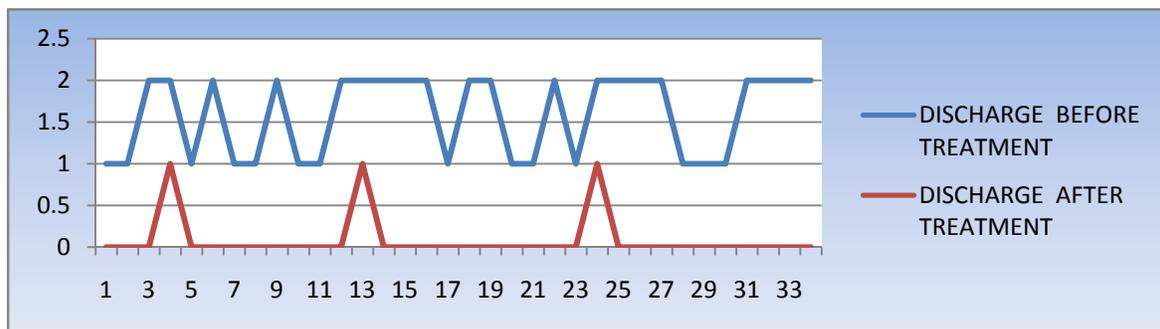


Table 4

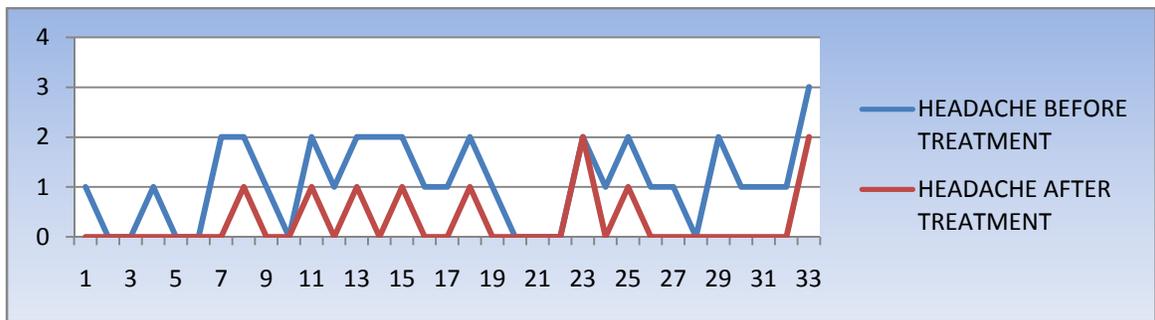
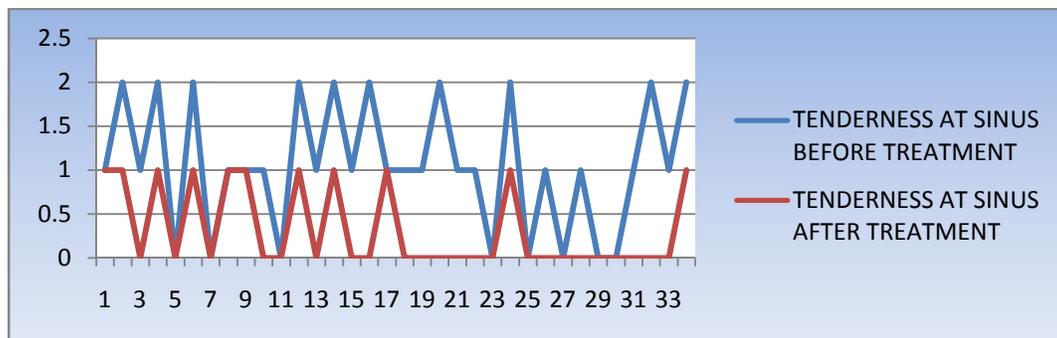


Table 5



OBSERVATIONS & RESULTS- Total Effect of the Therapy:

Table 6

ASSESSMENT CRITERIA	Observed Values
CURED (100% relief from signs & symptoms)	6
MARKEDLY IMPROVED (50% – 100% relief from signs & symptoms)	27
IMPROVED (25% - 50 % relief from signs & symptoms)	1
UNCHANGED (less than 25% or no relief from signs & symptoms)	0

Above data has been analyzed by applying Chi-Square Test. Calculated Chi-Square value at 3 degrees of freedom: 15.125 at 5% level of significance Table Chi-Square value at 3 degrees of freedom: 7.815 at 5% level of significance $P < 0.05$

As calculated value is greater than the table value, null hypothesis is to be rejected. So, there is significant difference observed in the groups.

DISCUSSION

Changing lifestyles, increased pollution, rapid urbanization, and increase in resistance to antibiotics are responsible for the increased prevalence of upper respiratory tract infections. The incidence of upper respiratory tract infection is very high in India. The most common problem related to upper respiratory tract is *Dushta Pratishyaya* or sinusitis. In modern medical science, a wide range of effective antibiotics and decongestants are available. But these drugs can help only in the initial stage; if pus collection forms in the sinuses and does not drain spontaneously only surgical intervention can help. After drainage of the sinuses, antibiotics can help. The surgical procedures may themselves lead to complications. The modern medical treatment modalities for chronic sinusitis are expensive and not free from side effects. Also, frequent use of antibiotics leads to the development of drug resistance. Moreover,

no effective drug for allergy and viral infection is available in the modern science. Hence, we felt the need to derive a treatment protocol that would help drain the sinuses, remove the pathology, and promote immunity.

The main treatment for accumulated *Doshas* in *Dushta Pratishyaya* is *Shodhana Nasya*. Hence, *Pradhama Nasya*, which is the best among all the *Shodhana Nasya*, was selected for this study. In *Purva Karma* of *Nasya*, *Abhyanga* and *Swedana* is done. *Abhyanga* causes *Mruduta* of *Doshas* and *Swedana* causes *Vilayana* (liquification) of accumulated *Doshas*. In the language of modern science, *Abhyanga* and *Swedana* increases the local blood supply and *Swedana* also liquefies the mucous. Due to vasodilatation the permeability of blood vessels increases, which makes the drug absorption faster.

In *Pradhana Karma*, the drug in *Churna* form is administered into the nostrils through *inhalation* in the head-low position of the patient. Thus, the drugs reach the *Shringataka* and from there, through different *Siras*, it spreads to other parts like *Netra*, *Shirah*, etc. and removes the morbid *Doshas*. By the properties of drug, it causes *Srotoshuddhi* and makes the *Anulomana Gati* of *Vayu* (mitigation of *Vayu*), which is hampered in *Dushta Pratishyaya*.

Followed by *Anu tail nasya* for next 5 days by its properties it goes into the sinus and help to drain maximum *kapha* from sinus.

In *Pashchata Karma*, *Urdhvanga* massage and *Swedana* helps to drain out the *Doshas* and *Swedana* also causes *Srotomukhavishodhana*.

REFERENCES

1. P. L. Dhingra Diseases of Ear Nose and Throat published by Elsevier Pvt.Ltd 3rd Edition 2003
2. *Sushruta Samhita* of Maharshi Susruta edited with Ayurved Tattva Sandipika by Kaviraj Dr. Ambikadatta Shastri Chaukhamba Sanskrit Sansthan Part 2 Edition Reprint 2007
3. *Ashtang Sangraha Of Vagbhat* By Prof. K. R. Shrikantha Murthy Volume I Sutrasthana .
4. En.wikipedia.org/wiki/Sinusitis

CORRESPONDING AUTHOR

Dr. Patil Ashwini A.

Professor & H.O.D.

Dept. of Shalakyatantra

Dr. D. Y. Patil College of Ayurved and

Research Institute Nerul Navi Mumbai

Email – drashwinipatil14@gmail.com
